

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001756

FILED
Apr 20, 2009
Secretary of State

Entity Name: R.E.S.O.R.C.E. RECYCLING CLUB, INC.

Current Principal Place of Business:

10971 ECHO LOOP
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

10971 ECHO LOOP
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 57-1159311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAR, MONICA
10971 ECHO LOOP
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORVENE, LEWIS D
Address: 9402 TOURNAMENT DR
City-St-Zip: HUDSON, FL 34667

Title: VPD () Delete
Name: BROWN, KIMBERLY
Address: 18005 US 301
City-St-Zip: DADE CITY, FL 33523

Title: TD () Delete
Name: CORVENE, JEAN E
Address: 9402 TOURNAMENT DR
City-St-Zip: HUDSON, FL 34667

Title: SD () Delete
Name: CROGHAN-INGRAHAM, JESSICA
Address: 7325 CANVASBACK DR
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HAYES, SUZANNE V
Address: 7309 OTTER CREEK DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE HAYES

TD

04/20/2009

Electronic Signature of Signing Officer or Director

Date